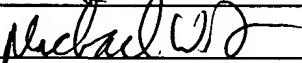


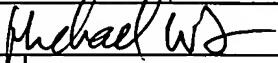


IPW  
+

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/647,098
		Filing Date	August 22, 2003
		First Named Inventor	Sean Burke
		Group Art Unit Number	2614
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission	2	Attorney Docket Number	23627-07932

<b>ENCLOSURES (check all that apply)</b>	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): <input type="checkbox"/> Sheet(s) of Figure(s) [ ]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/>
<input checked="" type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
<b>REMARKS:</b>	

<b>SIGNATURE OF ATTORNEY OR AGENT</b>		
Signature:		
Attorney/Reg. No.:	Michael W. Farn, Reg. No. 41,015	Dated: FEB. 28, 2006

<b>CERTIFICATE OF MAILING</b>		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service Express Mail Post Office to Addressee service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Michael W. Farn	Dated: FEB. 28, 2006
Express Mail Mailing Number (optional):		



## IN THE UNITED STATES

## PATENT AND TRADEMARK OFFICE

INVENTORS: Sean Burke et al.

APPLICATION NO.: 10/647,098

FILING DATE: August 22, 2003

TITLE: Spherical Surveillance System Architecture

EXAMINER: Not yet assigned

GROUP ART UNIT: 2614

ATTY. DKT. NO.: 23627-07932

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: FEB. 28, 2006 By: Michael WJ

Michael W. Farn, Reg. No. 41,015

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

## STATUS REQUEST

SIR:

PAIR reveals that there has been no substantive action on this application by the U.S. Patent & Trademark Office.

Please inform the undersigned, at the below stated address, of the status of this application.

Respectfully submitted,

Dated: FEB. 28, 2006

By: Michael WJ

Michael W. Farn, Reg. No. 41,015  
Fenwick & West LLP  
Silicon Valley Center  
801 California Street  
Mountain View, CA 94041  
Tel.: (650) 335-7823  
Fax.: (650) 938-5200